

1138IHSSF2231



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Site Name BUSICK ROAD TCE

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RptSegment 1

DocDate 5/11/2011

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Box SF2231

AccessLevel PUBLIC

Division WASTE MANAGEMENT

Section SUPERFUND

Program IHS (IHS)

DocCat FACILITY



North Carolina Department of Environment and Natural Resources

Dexter R. Matthews, Director

Division of Waste Management

Beverly Eaves Purdue, Governor

Dee Freeman, Secretary

MEMORANDUM

Date: May 11, 2011

To: File

From: Vince Antrilli
Raleigh Regional Office
Inactive Hazardous Sites Branch

Re: Busick Rd – Sampling Trip Summary
NONCD 000 2850

-
- Larry Rose and I visited the site on May 11th, 2011 to perform well sampling in the area. We sampled the addresses list below:
221 Busick Rd
210 Busick Rd
 - No other residents in the area were home.
 - I briefly spoke with Ms. Hankins @ 173 Busick Rd. I asked if she and her husband received the letter offering the filter system. She said that they did and that they were not going to have it installed because of the cost. I explained that there was no cost to them. She was on the way out and did not have time to speak so I gave her my contact information and asked that she and her husband contact me to discuss it further.
 - The samples were sent to Shealy Lab on May 11th, 2011.

Cicero Hankins 336-342-3858

WELL LOG SHEET

Site Name: Busick Rd ID Number: NONCD 000 2850
Owner: Easter Address: 221 Busick Rd
Sample Team: Antirilli, Rose Well #: BR-1
Comments (well construction, etc): _____

Time interval	<u>5</u> mins	<u>10</u> mins	<u>15</u> mins	_____ mins	_____ mins	_____ mins
Temp (°C)	<u>16.5</u>	<u>16.3</u>	<u>16.2</u>			
pH	<u>4.80</u>	<u>4.57</u>	<u>4.06</u>			
S. C.	<u>147.0</u>	<u>149</u>	<u>148</u>			
Turbidity	<u>0.36</u>	<u>0.32</u>	<u>0.48</u>			

Sample Information

Sample Date: 5-11-11 Sample Time: 11:00
Sample Equipment: _____
Water Condition (turbidity, odor, etc.): clear, odorless

Samples Collected (✓):

<input checked="" type="checkbox"/> VOCs (3 - 40 ml vials)	<input type="checkbox"/> Dioxin (1 - 1L bottle)
<input type="checkbox"/> SVOCs/PCBs (1 - 2L Amber bottle)	<input type="checkbox"/> Pest./Herb. (1 - 2L amber bottle)
<input type="checkbox"/> Metals (1 - 1L HDPE bottle)	<input checked="" type="checkbox"/> 1,4 Dioxane (3 - 40 ml vial)

Temp(°C): _____ pH: _____ SC(umhos): _____ DO(ppm): _____ Turb(NTUs): _____

Comments: Sample from faucet right front of house

WELL LOG SHEET

Site Name: Busick Rd ID Number: NONCD 000 2850

Owner: Vernon Address: 210 Busick Rd

Sample Team: Antrilli, Rose Well #: BR-2

Comments (well construction, etc): _____

Time interval	<u>5</u> mins	<u>10</u> mins	<u>15</u> mins	_____ mins	_____ mins	_____ mins
Temp (°C)	<u>18.5</u>	<u>18.1</u>	<u>18.0</u>			
pH	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	← Meter was attempting to read in negative range.		
S. C.	<u>119.4</u>	<u>118.6</u>	<u>119.1</u>			
Turbidity	<u>0.40</u>	<u>0.43</u>	<u>0.49</u>			

Sample Information

Sample Date: 5-11-11 Sample Time: 11:45

Sample Equipment: _____

Water Condition (turbidity, odor, etc.): clear, odorless

Samples Collected (✓):

☒ VOCs (3 - 40 ml vials)

_____ Dioxin (1 - 1L bottle)

_____ SVOCs/PCBs (1 - 2L Amber bottle)

_____ Pest./Herb. (1 - 2L amber bottle)

_____ Metals (1 - 1L HDPE bottle)

☒ 1,4 Dioxane (3 - 40 ml vial)

Temp(°C): _____ pH: _____ SC(umhos): _____ DO(ppm): _____ Turb(NTUs): _____

Comments: Sample from faucet at rear of house

SITE HEALTH AND SAFETY PLAN

A. General Information

Site Name Busick Road ID # NONCD 000 2850
Location 173 Busick Road, Reidsville, Rockingham County, NC

Proposed Date of Investigation 5/11/11 to 6/11/11

Date of Briefing 4/28/11


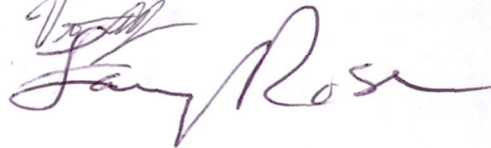
Date of Debriefing 6/13/11

Nature of Visit (check one): On-Site Reconnaissance
Off-Site Reconnaissance
Sampling X
Sampling Overview
Remediation Overview

Health Department Official Contacted Ted Nelson

Date of Contact 4/28/11



Site Investigation Team: All site personnel have read the Site Health and Safety Plan and are familiar with its provisions.

<u>Personnel</u>	<u>Responsibilities</u>	<u>Signature</u>
Team 1 <u>Vince Antrilli</u>	<u>team leader, sampling</u>	
Team 1 <u>Larry Rose</u>	<u>sampling</u>	

Plan Preparation:

Prepared By: David Lilley, Industrial Hygiene Consultant

Reviewed By: Jack Butler, Superfund Section Chief

B. SITE/WASTE CHARACTERISTICS

Waste Type(s) ☒ Liquid ☐ Solid ☐ Sludge ☒ Gas ☒ Vapor
Characteristics ☐ Corrosive ☐ Ignitable ☐ Radioactive
☒ Volatile ☒ Toxic ☐ Reactive ☐ Other

List Known or Suspected Hazards (physical, chemical biological or radioactive) on Site and their toxicological effects. Also, if known, list chemical amounts

HAZARD	WARNING PROPERTIES	EXPOSURE LIMIT
<u>Methyl tert-butyl ether</u>	<u>Odor Threshold = 0.053 ppm</u>	<u>25 ppm</u>
<u>Trichloroethylene</u>	<u>OT = 0.2 to 400 ppm</u>	<u>10 ppm</u>
<u>Chloromethane</u>	<u>OT = 10 ppm</u>	<u>50 ppm</u>

UNDERGROUND UTILITIES CHECKLIST

<u>Utility</u>	<u>Locator/Contact Person</u>	<u>Phone #</u>	<u>Date of Location</u>
Power			
Telephone			
Gas			
Water			
Sewer			

Call made by:

Facility Description: Size unknown Buildings unknown

Disposal Methods Being Investigated No disposal of material or methods of disposal have been reported.

Unusual Features on Site (dike integrity, power lines, terrain, etc.):

None known

History of the Site: Unknown

C. HAZARD EVALUATION

The site can be toured and sampled in level D protection. PVC gloves will be worn while collecting water samples. Chemically resistant knee length boots will be worn on site if the potential for surface soil contamination exists.

D. WORK PLAN INSTRUCTION

Map or Sketch Attached? yes

Perimeter Identified? no

Command Post Identified? no

Zones of Contamination Identified? no

Personal Protective Equipment/Level of Protection: C X D

Modifications Wear goggles, face shield, and PVC gloves while preparing acid preserved samples, goggles and PVC gloves while collecting acid preserved samples. Avoid breathing acid vapors.

_____ HNU	_____ Detector Tubes and Pumps
_____ OVA	_____ 02 Meter
_____ Explosimeter	_____ Radiation Monitor

 Level C Respirator wash, respirator removal, suit wash (if needed),
 suit removal, boot wash, boot removal and glove removal.

 X Level D Boot wash and rinse and boot removal, suit removal, glove
 and goggle removal.

Modifications Dispose of trash properly, on-site if possible.

Work Schedule/Visit Objectives The purpose of this visit is to determine if the site poses a threat to the public health or environment because of releases of contaminants to soil, surface water, groundwater, or air. Sampling may consist of groundwater sampling.

<u>Route of Exposure</u>	<u>First Aid</u>
<u>Eyes</u>	<u>irrigate immediately</u>
<u>Skin</u>	<u>soap and water wash</u>
<u>Inhalation</u>	<u>fresh air and artificial respiration</u>
<u>Ingestion</u>	<u>get medical attention immediately</u>

Location of Nearest Phone: nearby residences

Hospital (Address and Phone Number)

Annie Penn Hospital, 618 South Main Street, Reidsville, NC (336) 634-1010

Emergency Transportation Systems (Phone Numbers)

Fire 911

Ambulance 911

Rescue Squad 911

Emergency Route to Hospital see next page

PREVAILING WEATHER CONDITIONS AND FORECAST

EQUIPMENT CHECKLIST

<u> </u> Air purifying respirator	<u> X </u> First Aid Kit
<u> </u> Cartridges for respirator	<u> X </u> 3 gal. Deionized H2O
<u> X </u> Eye Wash Unit	<u> X </u> Rain suit
<u> </u> HNU	<u> X </u> Gloves (PE/PVC/nitrile/cloth)
<u> </u> OVA	<u> X </u> Boots/Boot Covers
<u> </u> Explosimeter	<u> X </u> Coveralls (tyvek/saranex)
<u> </u> Radiation Monitor	<u> </u> X Eye Protection (goggles/shield)
<u> X </u> Decontamination	<u> X </u> Hard Hat
Materials	

STATE POISON CONTROL CENTER

1-800-848-6946

North Carolina OSHA

1-800-LABOR-NC

Please complete and submit the Air Monitoring and Injury Report Form at:

<https://spreadsheets.google.com/spreadsheet/viewform?formkey=dHoySlJhc0RCN3Nwam9lSXhvVVBNYnc6MQ>

**Trip to:**

618 S Main St

Reidsville, NC 27320-5020

4.18 miles

8 minutes

Notes

CHOOSE YOUR FUTURE

Criminal Justice	Nursing
Healthcare Management	Business
Psychology	Information Technology

SouthUniversity Established 1899 ▶ **Learn How**

	173 Busick Rd Reidsville, NC 27320-7238	Miles Per Section	Miles Driven
	1. Start out going NORTHWEST on BUSICK RD toward GROOMS RD .	Go 0.05 MI	0.05 mi
	2. Take the 1st LEFT onto GROOMS RD . <i>If you are on AMBERHILL DR and reach HILLVIEW RD you've gone a little too far</i>	Go 0.8 MI	0.9 mi
	3. Turn RIGHT onto HOLIDAY LOOP RD .	Go 0.3 MI	1.1 mi
	4. Turn RIGHT onto BARNES ST .	Go 1.7 MI	2.8 mi
	5. Turn LEFT onto RICHARDSON DR . <i>RICHARDSON DR is 0.3 miles past PEGRAM ST</i>	Go 0.8 MI	3.7 mi
	6. Turn RIGHT onto S MAIN ST . <i>S MAIN ST is 0.1 miles past S PARK DR</i>	Go 0.5 MI	4.2 mi
	7. 618 S MAIN ST is on the LEFT . <i>Your destination is 0.1 miles past WOODROW ST If you reach W HARRISON ST you've gone a little too far</i>		4.2 mi
	618 S Main St Reidsville, NC 27320-5020	4.2 mi	4.2 mi

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Methyl-tert-butyl ether

I. PHYSICAL/CHEMICAL PROPERTIES

	Reference
Chemical Formula <u>C₅H₁₂O</u>	<u>1</u>
Natural Physical State at 25°C <u>liquid</u>	<u>2</u>
Vapor Pressure <u>245</u> mm Hg at 20°C	<u>1</u>
Melting Point _____ °F/°C Boiling Point <u>55.2</u> °F/°C	<u>1</u>
Flash Point (open or closed cup) <u>-109</u> °C/°F	<u>1</u>
Solubility - H ₂ O <u>4.8g/100g</u>	<u>1</u>
Other _____	_____

Physical Features: (odor, color, etc.) Colorless liquid, used as an octane booster in gasoline (1,2)

II. TOXICOLOGICAL DATA

Standards: 50 ppm (4) TLV _____ PEL _____ IDLH _____

Routes of Exposure: Inhalation, Ingestion, Skin and/or Eye contact

Acute/Chronic Symptoms: Skin and eye irritation, sleepiness, loss of appetite, dizziness, excitation (inhalation). Skin contact can cause dryness and cracking. (3)

First Aid: Inhalation: artificial respiration; Ingestion: get medical attention immediately; Skin contact: irrigate immediately; Skin contact: soap and water wash immediately.

Chemical Name: Methyl-tert-butyl ether

III. HAZARDOUS CHARACTERISTICS

Reference

A. Combustibility	Yes <u>X</u> No <u> </u>	<u>2</u>
Toxic by-products	<u>When heated to decomposition, emits</u> <u>acrid smoke and irritating fumes</u>	<u>3</u>
B. Flammability	LEL <u> </u> UEL <u> </u>	<u> </u>
C. Reactivity Hazard	<u>Unstable in acid solution, exposure</u> <u>of ethers to sunlight causes formation of explosive peroxides</u>	<u>2,3</u>
D. Corrosivity Hazard	yes/no <u> </u> pH: <u> </u>	<u> </u>
Neutralizing agent: <u> </u>		<u> </u>
E. Radioactive Hazard	Exposure Rate	
Background	yes/no <u> </u>	<u> </u>
Alpha particles	yes/no <u> </u>	<u> </u>
Beta particles	yes/no <u> </u>	<u> </u>
Gamma radiation	yes/no <u> </u>	<u> </u>

IV. REFERENCES

1. The Merck Index, 10th Edition.
2. The Condensed Chemical Dictionary, Hawley, 11th Edition, 1987.
3. Encyclopaedia of Occupational Health and Safety, International Labor
Office, 3rd Edition, 1983.
4. Threshold limit Values, ACGIH, 2007

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Trichloroethylene

I. PHYSICAL/CHEMICAL PROPERTIES

Reference

Chemical Formula	<u>C2 HC13</u>	<u>1</u>
Natural Physical State at 25EC	<u>liquid</u>	<u>1</u>
Vapor Pressure	<u>58</u> mm Hg at 20EC	<u>2</u>
Melting Point	<u>-99</u> EF/EC Boiling Point	<u>189</u> EF/EC
Flash Point (open or closed cup)	<u>32EC/EF</u>	<u>3</u>
Solubility - H ² O	<u>0.1% at 77EF</u>	<u>2</u>
Other	<u>Ether, alcohol, chloroform</u>	<u>1</u>

Physical Features: (odor, color, etc.) Colorless liquid
(unless dyed) with a sweet odor like chloroform 1P = 9.45 eV (2)
OVA Relative Response = 70%

II. TOXICOLOGICAL DATA

potential
human

Standards: 10 ppm (4) TLV 100 ppm (5) PEL carcinogen(2) IDLH

Routes of Exposure: Inhalation, ingestion, skin and/or eye contact (2)

Acute/Chronic Symptoms: Acute: Headache, vertigo, visual disturbance, tremors, drowsiness, nausea, vomiting, eye irritation, dermatitis, irregular heartbeat, skin irritation; chronic: carcinogenic (2)

First Aid: Inhalation: artificial respiration; Ingestion: get medical attention immediately; Eye contact: irrigate immediately; Skin contact: soap and water wash immediately

III. HAZARDOUS CHARACTERISTICS	Reference
--------------------------------	-----------

A. Combustibility Yes X No 2
Toxic by-products

B.	Flammability	LEL	12.5%	UEL	90%	3
----	--------------	-----	-------	-----	-----	---

C. Reactivity Hazard Incompatible with strong caustics: 2
when acidic reacts with aluminum, chemically active metals,
barium, lithium, sodium, magnesium, titanium.

D. Corrosivity Hazard yes/no pH:

Neutralizing agent: _____

E.	Radioactive Hazard	Exposure Rate
	Background yes/no	_____
	Alpha particles yes/no	_____
	Beta particles yes/no	_____
	Gamma radiation yes/no	_____

IV. REFERENCES

- | | |
|-----|--|
| (1) | The Merck Index, 11th Edition, 1989 |
| (2) | Pocket Guide to Chemical Hazards, NIOSH, 1990 |
| (3) | Chemical and Engineering News, December 12, 1988. |
| (4) | Threshold Limit Values and Biological Exposure Indices for 2007
ACGIH |
| (5) | 29 CFR 1910.1000 |

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Chloromethane

I. PHYSICAL/CHEMICAL PROPERTIES

	Reference
Chemical Formula <u>CH₃ Cl</u>	<u>1</u>
Natural Physical State at 25°C <u>gas</u>	<u>1</u>
Vapor Pressure <u>> 1 atm</u> mm Hg at 20°C	<u>1</u>
Melting Point <u>-144</u> °F/°C Boiling Point <u>-12</u> °F/°C	<u>1</u>
Flash Point (open or closed cup) <u>NA (gas)</u> °C/°F	<u>1</u>
Solubility - H ₂ O <u>0.5%</u>	
Other _____	

Physical Features: (odor, color, etc.) Colorless gas with a faint, sweet odor which is not noticeable at dangerous concentrations. (1)

II. TOXICOLOGICAL DATA

Standards: 50 ppm (2) TLV 100 ppm (3) PEL 10,000 ppm (1) IDLH

Routes of Exposure: Inhalation

Acute/Chronic Symptoms: Dizziness, nausea, vomiting, visual disturbances, staggering, slurred speech, convulsions, coma, liver and kidney damage, frostbite, carcinogenic

First Aid: Inhalation: artificial respiration; Ingestion: get medical attention immediately; Eye contact: irrigate immediately; Skin contact: soap and water wash immediately

Chemical Name: Chloromethane

III. HAZARDOUS CHARACTERISTICS

	Reference
A. Combustibility Yes <u>X</u> No <u> </u>	
Toxic by-products <u> </u>	<u> </u>
B. Flammability LEL <u>8.1%</u> UEL <u>17.4%</u>	<u>1</u>
C. Reactivity Hazard <u>Chemically-active metals such as</u> <u>1</u> <u>potassium, powdered aluminum, zinc & magnesium; water</u>	
D. Corrosivity Hazard yes/no pH: <u> </u> <u> </u>	
Neutralizing agent: <u> </u>	
E. Radioactive Hazard	
	Exposure Rate
Background yes/no <u> </u>	<u> </u>
Alpha particles yes/no <u> </u>	<u> </u>
Beta particles yes/no <u> </u>	<u> </u>
Gamma radiation yes/no <u> </u>	<u> </u>

IV. REFERENCES

1. Pocket Guide to Chemical Hazards, NIOSH, 1990
2. Threshold Limit Values and Biological Exposure Indices, ACGIH,
2007
3. 29 CFR 1910.1000

MAILING ADDRESS: P.O. Box 77880, Charlotte, NC 28271
800-365-5998 www.corvel.com

EMPLOYER: Please complete the top section and give to the injured employee to take with them to their authorized treating physician. If you already have transitional duty job descriptions available, please attach a copy for the treating physician's review.

Name of Employee: Last:	First:
Date of Injury:	
Name of Employer: NCDENR- Division	
Employer Signature:	Treating Physician:

EMPLOYEE: Please take this form with you to an authorized treating physician. Please have the physician complete the middle section and return this immediately to your employer. The bottom section is for you to show the pharmacist should you need to have any prescriptions filled as prescribed by your authorized treating physician for this work related injury.

AUTHORIZED PHYSICIAN, PLEASE COMPLETE

Diagnosis: _____

A post accident drug test (check one) ☐ has been completed ☐ has not been completed

In accordance with this patient's physical capability, check all that apply:

- ☐ May resume work immediately, no restriction.
☐ May resume work immediately with the following restrictions:
☐ Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds)
☐ Light work (lifting less than 20 pounds)
☐ Medium work (lifting less than 50 pounds)
☐ Heavy work (lifting less than 100 pounds)
☐ Normal shift
☐ Limited hours: ____ hrs, ____ hrs, ____ hrs per day
☐ Other: _____

☐ Repetitive Motion Restrictions (specific to hand/arm injuries):

Frequency	Left	Right
No Use		
Occasional <33% of time		
Frequent 34-66% of time		
Regular 67-100% of time		

- ☐ Patient may return to work at full duty on (date) _____
☐ Patient has a return appointment on (date) _____ at (time) _____

Please indicate any referrals that are required: _____

Physician's Signature Date Physician's Name (type or print)

Physician Offices – Be sure to contact CorVel's Claim Department at 800-365-5998 for authorization for the referral.

PHARMACIST: Process all prescriptions on-line through *CorVel's CorCareRx* for this patient. Contact CorVel's CorCareRx Help Desk at (800) 563-8438 to establish eligibility prior to processing on-line from 8 AM thru 9 PM Eastern. After hours, please contact (800) 213-5640.

DO NOT CHARGE THE PATIENT FOR THE PRESCRIPTION.

CHAIN NAME	CHAIN NAME	CHAIN NAME	CHAIN NAME
Bi-Lo Pharmacy	Horizon Pharmacy	Revco drugs	VIX Pharmacy
Bi-Mart	HyVee Drugtown	Rite-Aid drugs	Walgreen's
Brooks Drugs	J & J Pharmacy	RX Discount Pharmacy	Wal-Mart Pharmacy
Brookshire Brothers	Joel & Jerry's	Sack-n-Save	Wegman Pharmacy
Cub Pharmacy	Kash N Karry	Sav-A-Lot	Winn-Dixie
CVS Drugs	Kerr Drugs	Sams Club Pharmacy	
Drug Emporium	K-mart phcy	Save Mart	
Eckerd's (all others)	Long's Phcy	Stop N Shop	
Franck's Pharmacy	Medicine Shoppe	Super D	
Fred Meyer	Medistat Phcy	Super Valu	
Fred's Pharmacy	Milner-Rushing Drugs	Super X (HSI)	
Giant Pharmacy	Palmart Pharmacy	Tom Thumb Phcy	
Goodings	Perry Drg Str	Tops Pharmacy	
Hannaford Food &	Phar-Mor	Tri Daily Drugs	Revision date: 8/25/2009

CORVEL

* All participating pharmacies have not been included on this list. Please have your pharmacy call CCRx regarding any questions/ authorizations 800-563-8438.

TRIP NOTIFICATION AND AUTHORIZATION FORM

Section No. 2.4
Revision No.12
Date: 8-25-05
Page 2 of 2

Program:

- ☐ CERCLA Site Assessment
☒ State
☐ NPL/DOD

- ☐ Brownfields
☐ MGP
☐ Dry Cleaners

Site Name:	Busick Rd
ID Number:	NONCD 000 2850
Street Address:	221 Busick Rd
City:	Reidsville
County:	Rockingham

Date(s) of Trip May 11th, 2011	Trip Canceled: _____	Trip Rescheduled (Date): _____
-----------------------------------	-------------------------	-----------------------------------

Reason For Trip: _____

(if sampling, check appropriate boxes below)

- | | |
|---|--|
| <input type="checkbox"/> Surface Soil | <input type="checkbox"/> Groundwater (bailers) |
| <input type="checkbox"/> Subsurface Soil | <input type="checkbox"/> Groundwater (pumps) |
| <input type="checkbox"/> Using Augers/Shovels to collect soil | <input type="checkbox"/> Surface Water |
| <input type="checkbox"/> Using Little Beaver to collect soil | <input type="checkbox"/> Sediment |
| <input checked="" type="checkbox"/> Groundwater (from tap) | |

Project Team Leader	Assistant	Assistant	Assistant
Vince Antrilli	Larry Rose		

Authorized By: _____

Industrial Hygienist Signature

Office Use Only

County Health Department Official Contact:	_____
Title:	_____
Phone Number: (____) _____ - _____	_____
Health Department Official Contacted:	Back Up Letter Required?: Yes ___ No ___
Notes:	_____

Busick Rd, Rockingham County Addresses (NONCD0002850)

[illegible]



Busick Rd
(NONCD0002850)

April 27, 2011

Busick Road, Rockingham County NONCD0002850

Sample Address / Owner	Sample Date	Sample By #	Well ID#	PCE	TCE	1,4-Dioxane	Chloroform	MTBE	Chloromethane	Comments
				2L= 0.7 MCL= 5 RAL= 12	2L= 3 MCL= 5 RAL= 300	2L= 3 MCL= 3 RAL= 611	2L= 70 MCL= 80 RAL= 100	2L= 20 MCL= 1250	2L= 3 MCL= 563	
173 Busick Road Dorothy Walker	7/18/2007	71061	SW-173					<0.50		
190 Busick Road Cicero Hankins	6/6/2007	AB17827	SW-190		8.8					Filled out Bernard Allen Affidavit
	11/10/2009	Peterson	BR-07		7.9					
210 Busick Road Kenneth Vernon	7/12/2007	AB19300	SW-210		3.4					
221 Busick Road Dot Easter	6/21/2007				6.3					Filled out Bernard Allen Affidavit
	11/10/2009	Peterson	BR-03		4.1				0.55	
272 Busick Road Fredrick Saldutti	7/18/2007	71059	SW-272		<0.5					
	9/11/2007	AB21665	SW-272	No VOCs Detected						
278 Busick Road Charlotte Robertson										
140 Allen Road Freda Allen										

Notes:

All units in ug/l (ppb)

Above MDL Limit =

Above 2L Limit =

Above MCL Limit =

Above RAL =

Chloroform Below 2L =

*=Sample collected after filter system

(T) or (t) = Total

BOLD
BOLD
BOLD
BOLD
NOT BOLD



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

April 27, 2011

Frederick & Rebecca Saldutti
272 Busick Rd
Reidsville, NC 27320

RE: Water Supply Well Sampling – Busick Rd (NONCD0002850)
272 Busick Rd
Reidsville, NC 27320

Dear Mr. & Mrs. Saldutti:

My name is Vincent Antrilli with North Carolina Department of Environment and Natural Resources, Division of Waste Management. During the week of May 11th, I will be in the Rockingham County area collecting groundwater samples related to groundwater contamination in your area. I would like to sample your well at the above referenced address during that time. You do not have to be present to have your well sampled and there is no cost to you. The laboratory results will be forwarded to you as soon as possible. Please provide the following information, if you know it, when you contact me.

- The number of wells on your property are _____.
- The depth of the well(s) are _____ ft.
- The well(s) are being used for the following purposes:

- The number of residences the well(s) serve are _____.
- The well water goes through a filtration system before the water enters the house. YES / NO
- Is there a tap at the well head or outside wall spigot of the residence? YES / NO
 - If YES which one? _____
- Your contact information:
 - Home Phone # _____
 - Cell Phone # _____
 - Email Address _____

Please contact me by one of the following ways to confirm whether or not you would like your well sampled. You can reach me by calling (919) 508-8573, emailing me at Vincent.Antrilli@ncdenr.gov or respond to this letter stating you do wish or do not wish to have your well sampled. I will be happy to answer any questions you may have at that time.

Sincerely,

Vincent Antrilli, Jr.
Environmental Specialist
Inactive Hazardous Sites Branch
Superfund Section



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

April 27, 2011

Dorothy Walker
173 Busick Rd
Reidsville, NC 27320

RE: Water Supply Well Sampling – Busick Rd (NONCD0002850)
173 Busick Rd
Reidsville, NC 27320

Dear Ms. Walker:

My name is Vincent Antrilli with North Carolina Department of Environment and Natural Resources, Division of Waste Management. During the week of May 11th, I will be in the Rockingham County area collecting groundwater samples related to groundwater contamination in your area. I would like to sample your well at the above referenced address during that time. You do not have to be present to have your well sampled and there is no cost to you. The laboratory results will be forwarded to you as soon as possible. Please provide the following information, if you know it, when you contact me.

- The number of wells on your property are _____.
- The depth of the well(s) are _____ ft.
- The well(s) are being used for the following purposes:

- The number of residences the well(s) serve are _____.
- The well water goes through a filtration system before the water enters the house. YES / NO
- Is there a tap at the well head or outside wall spigot of the residence? YES / NO
 - If YES which one? _____
- Your contact information:
 - Home Phone # _____
 - Cell Phone # _____
 - Email Address _____

Please contact me by one of the following ways to confirm whether or not you would like your well sampled. You can reach me by calling (919) 508-8573, emailing me at Vincent.Antrilli@ncdenr.gov or respond to this letter stating you do wish or do not wish to have your well sampled. I will be happy to answer any questions you may have at that time.

Sincerely,

Vincent Antrilli, Jr.
Environmental Specialist
Inactive Hazardous Sites Branch
Superfund Section



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

April 27, 2011

Kenneth & Alice Vernon
210 Busick Rd
Reidsville, NC 27320

RE: Water Supply Well Sampling – Busick Rd (NONCD0002850)
210 Busick Rd
Reidsville, NC 27320

Dear Mr. & Mrs. Vernon:

My name is Vincent Antrilli with North Carolina Department of Environment and Natural Resources, Division of Waste Management. During the week of May 11th, I will be in the Rockingham County area collecting groundwater samples related to groundwater contamination in your area. I would like to sample your well at the above referenced address during that time. You do not have to be present to have your well sampled and there is no cost to you. The laboratory results will be forwarded to you as soon as possible. Please provide the following information, if you know it, when you contact me.

- The number of wells on your property are _____.
- The depth of the well(s) are _____ ft.
- The well(s) are being used for the following purposes:
_____.
- The number of residences the well(s) serve are _____.
- The well water goes through a filtration system before the water enters the house. YES / NO
- Is there a tap at the well head or outside wall spigot of the residence? YES / NO
 - If YES which one? _____
- Your contact information:
 - Home Phone # _____
 - Cell Phone # _____
 - Email Address _____

Please contact me by one of the following ways to confirm whether or not you would like your well sampled. You can reach me by calling (919) 508-8573, emailing me at Vincent.Antrilli@ncdenr.gov or respond to this letter stating you do wish or do not wish to have your well sampled. I will be happy to answer any questions you may have at that time.

Sincerely,

Vincent Antrilli, Jr.
Environmental Specialist
Inactive Hazardous Sites Branch
Superfund Section



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

April 27, 2011

Clifton Raymond heirs
c/o Dorothy Easter
221 Busick Rd
Reidsville, NC 27320

RE: Water Supply Well Sampling – Busick Rd (NONCD0002850)
221 Busick Rd
Reidsville, NC 27320

Dear Ms. Easter:

My name is Vincent Antrilli with North Carolina Department of Environment and Natural Resources, Division of Waste Management. During the week of May 11th, I will be in the Rockingham County area collecting groundwater samples related to groundwater contamination in your area. I would like to sample your well at the above referenced address during that time. You do not have to be present to have your well sampled and there is no cost to you. The laboratory results will be forwarded to you as soon as possible. Please provide the following information, if you know it, when you contact me.

- The number of wells on your property are _____.
- The depth of the well(s) are _____ ft.
- The well(s) are being used for the following purposes:
_____.
- The number of residences the well(s) serve are _____.
- The well water goes through a filtration system before the water enters the house. YES / NO
- Is there a tap at the well head or outside wall spigot of the residence? YES / NO
 - If YES which one? _____
- Your contact information:
 - Home Phone # _____
 - Cell Phone # _____
 - Email Address _____

Please contact me by one of the following ways to confirm whether or not you would like your well sampled. You can reach me by calling (919) 508-8573, emailing me at Vincent.Antrilli@ncdenr.gov or respond to this letter stating you do wish or do not wish to have your well sampled. I will be happy to answer any questions you may have at that time.

Sincerely,

Vincent Antrilli, Jr.
Environmental Specialist
Inactive Hazardous Sites Branch
Superfund Section



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

April 27, 2011

Charlotte Robertson
278 Busick Rd
Reidsville, NC 27320

RE: Water Supply Well Sampling – Busick Rd (NONCD0002850)
278 Busick Rd
Reidsville, NC 27320

Dear Ms. Robertson:

My name is Vincent Antrilli with North Carolina Department of Environment and Natural Resources, Division of Waste Management. During the week of May 11th, I will be in the Rockingham County area collecting groundwater samples related to groundwater contamination in your area. I would like to sample your well at the above referenced address during that time. You do not have to be present to have your well sampled and there is no cost to you. The laboratory results will be forwarded to you as soon as possible. Please provide the following information, if you know it, when you contact me.

- The number of wells on your property are _____.
- The depth of the well(s) are _____ ft.
- The well(s) are being used for the following purposes:

- The number of residences the well(s) serve are _____.
- The well water goes through a filtration system before the water enters the house. YES / NO
- Is there a tap at the well head or outside wall spigot of the residence? YES / NO
 - If YES which one? _____
- Your contact information:
 - Home Phone # _____
 - Cell Phone # _____
 - Email Address _____

Please contact me by one of the following ways to confirm whether or not you would like your well sampled. You can reach me by calling (919) 508-8573, emailing me at Vincent.Antrilli@ncdenr.gov or respond to this letter stating you do wish or do not wish to have your well sampled. I will be happy to answer any questions you may have at that time.

Sincerely,

Vincent Antrilli, Jr.
Environmental Specialist
Inactive Hazardous Sites Branch
Superfund Section